# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guit	DE explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 PAGE# 1 of 40		
3 CANDIDATE /	MS/MRS/MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Mr. Maher	M.	Date Received RECEIVED		
	NICKNAME LAST Maso	SUFFIX	APR 14 2011		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	City Secretory's Office		
OFFICEHOLDER MAILING	10902 Ormond Lane		11:08am tof		
ADDRESS	Frisco, TX 75035 Phone: 972-335-3113,		Date Hand-delivered or Date Postmarked		
Change of Address	11010.072.000.0110,				
			Receipt # Amount		
5 CAMPAIGN	MS/MRS/MR FIRST Mr. Delmer	MI	Date Processed		
TREASURER NAME	l	SUFFIX	Date Imaged		
	NICKNAME LAST Del Harris	SUFFIX	учеровного постоя постоя подпости в постоя пост		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	IITE#; CITY; STATE;	ZIP CODE		
TREASURER ADDRESS	2745 Montreaux Dr.				
(Residence or business)	Frisco, TX 75034				
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER PHONE	(972) 335-5454	44.			
8 REPORT TYPE	January 15 X 30th day before elec	ction Runoff	15th day after campaign treasurer appointment (officeholder only)		
	July 15 8th day before elect	tion Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD	Month Day Year	Month Day	Year		
COVERED	01/01/2011	04/04/20	11		
10 ELECTION	ELECTION DATE ELECTION TO	YPF			
IU ELECTION	Month Day Year		Comment D Special		
	05/14/2011 Prima	ry Runoff X	General Special		
11 OFFICE	OFFICE HELD (fany) Mayor - City of Frisco	12 OFFICE SOUGHT (if known) Mayor - City of Frisc	000		
42 NOTICE					
13 NOTICE OF DIRECT	<ul> <li>Direct campaign expenditures are campaign ex Candidates are required to disclose this information</li> </ul>	penditures made by others without the ca	indidate's prior consent or approval.		
CAMPAIGN EXPENDITURE					
BY OTHER INDIVIDUALS	Name				
MONIDONEO					
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code			
additional pages					
	<u> </u>	111111111111111111111111111111111111111			
GO TO PAGE 2					

# CANDIDATE / OFFICEHOLDER REPORT:

# FORM C/OH

SUPPORT	IUIALS		GOVE	R OHEET PG Z	
14 C/OH NAME Maso	, Maher	M. (Mr.)	15 ACCOUNT#	(Ethics Commission filers)	
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the cout the candidate's or officeholder's knowledge or consent. Candiday receive notice of such expenditures.	andidate / officeholder ates and officeholders	. These expenditures may are required to report this	
POLITICAL COMMITTEE(S)					
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	434.99	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	43,359.99	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	<b>\$</b>	117.56	
	4. TOTAL POLITICAL EXPENDITURES			61,918.90	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	13,503.03	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$	0.00	
18 AFFIDAVIT	etterscore en	l swear, or affirm, under penalt is true and correct and includes me under Title 15, Election Coa	s all information requ		
TAMMY FOLLETT Notary Public, State of Texas My Commission Expires November 29, 2014  Signature of Candidate or Officeholder					
AFFIX NOTARY S	STAMP / SEAL ABOV	E			
Sworn to and subscrib		ne said	, this the	(LTV) day	
Signature of officer admi	abtering oath	Depot name of officer administering path	Title of officer ado	Hann philistering gath	

	The Instruction	on Guide explains how to con	nplete this form.		1 PAGE#	15 Report: 3/40
2	FILER NAME	Maso, Maher	M. (Mr.)			(Ethics Commission filers)
_	LICCIVIANIA	Maso, Mario	141. (1411.)		J Meddelli "	,
4	Date	5 Full name of contributor Aerrabolu, Devender	☐ out-of-state PAC (ID	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/26/2011	6 Contributor address; 4670 Liam Dr. Frisco, TX 75034	City; State; Zip Code		\$500.00	    -
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Allison, Jay	☐ out-of-state PAC (IDf	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/21/2011	Contributor address; 5300 Town & Country Blvd Suite 500	City; State; Zip Code		\$500.00	 
		Frisco, TX 75034			(if travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	<u> </u>	······
	Date	Full name of contributor Andrea, Rudolph	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/19/2011	Contributor address; 5508 Linmore Lane Plano, TX 75093	City; State; Zip Code		\$1,000.00	 
					(if travel outside of	Texas, complete Schedule T)
_	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In		10,120, 00,1,1,100
	, ,	·				
	Date	Full name of contributor Artiles, Jose & Mary Ann 6	□ out-of-state PAC (ID# Campbell	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; 10905 Amelina Ln Frisco, TX 75035	City; State; Zip Code		\$100.00	 
				•	(If travel outside of	Texas, complete Schedule T)
	Principal occup Retired	ation / Job title (See Instruction	าร)	Employer (See In NA	structions)	
	Date	Full name of contributor Biehl, Allen & Beverly	out-of-state PAC (ID#	<u>'</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; 12000 Paducah Dr Frisco, TX 75035	City; State; Zip Code	*************	\$100.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In:	structions)	

Texas Ethics Commission

	The Instruction	אס Guide explains how to con	nplete this form.		1 PAGE# Schedule: 2/	15 Report: 4/40
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor Boyd, Paul (Mr.)	out-of-state PAC (ID:	4)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/30/2011	6 Contributor address; 7881 Thistletree Lane Frisco, TX 75034	City; State; Zip Code		\$1,000.00	 
					(if travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Brooks, Thomas	out-of-state PAC (IDa	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; 5404 Southern Hills Dr. Frisco, TX 75034	City; State; Zip Code		\$100.00	 
					· ·	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Burns, Greg (Mr.)	out-of-state PAC (ID	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/31/2011	Contributor address; 15358 Forest Haven Lane Frisco, TX 75034	City; State; Zip Code		\$150.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	าร)	Employer (See In	structions)	
	Date	Full name of contributor Caldwell, Jeff & Earlene	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/02/2011	Contributor address; 5006 Plantation Lane Frisco, TX 75034	City; State; Zip Code		\$200.00	 
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Chambers, Robert & Lore	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/27/2011	Contributor address; 6009 Star Trall Dr. Frisco, TX 75034	City; State; Zip Code		\$100.00	   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ıs)	Employer (See In:	·	

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	The Instruction	on Guide explains how to con	nplete this form.		1 PAGE# Schedule: 3/	15 Report: 5/40	
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor Cimler, Edward & Melina	out-of-state PAC (ID:	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/18/2011	6 Contributor address; 969 Market St. #1803 San Diego, CA 92101	City; State; Zip Code		\$500.00	 	
					(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	oation / Job title (See Instruction	าร)	10 Employer (See In	structions)		
	Date	Full name of contributor Cordina, Joseph & Patrici	☐ out-of-state PAC (IDa a	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/29/2011	Contributor address; 4302 Boulder Dr. Parker, TX 75002	City; State; Zip Code	************	\$100.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	oation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Cross, Rosa (Mrs.)	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/29/2011	Contributor address; 13990 Red Oak Cir N Frisco, TX 75071	City; State; Zip Code	.,	\$200.00	 	
					(if travel outside of	Texas, complete Schedule T)	
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Darling, William & Priscilla	out-of-state PAC (ID#	<u>†)</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/25/2011	Contributor address; 2500 Legacy Dr. #100 Frisco, TX 75034	City; State; Zip Code		\$1,000.00	<b>]</b> [	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	(se	Employer (See In:	structions)		
	Date	Full name of contributor Dean, D. Bradley & Shan	□ out-of-state PAC (ID# (Dr.)	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/31/2011	Contributor address; 35 Stonebriar Way Frisco, TX 75034	City; State; Zip Code		\$1,000.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	s)	Employer (See Ins	<u> </u>		
				-			

The Instructi	ом Guide explains how to com	plete this form.		1 PAGE# Schedule: 4/	15 Report: 6/40
2 FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor Farmer, Malcolm	out-of-state PAC (ID	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/20/2011	6 Contributor address; 2601 Ave. Of the Stars Frisco, TX 75034	City; State; Zip Code		\$500.00	 
				(If travel outside of	Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instruction	s)	10 Employer (See In	structions)	
Date	Full name of contributor Fisher, Lisa	out-of-state PAC (IDi	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/28/2011	Contributor address; 12009 Wildwood Lane Frisco, TX 75035	City; State; Zip Code		\$100.00	 
				(if travel outside of	Texas, complete Schedule T)
Principal occu	.I. pation / Job title (See Instruction	s)	Employer (See In	L	<u> </u>
Date	Full name of contributor Foughty, Ryan & Julie	☐ out-of-state PAC (ID	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2011	Contributor address; 4621 Firestone Dr. Frisco, TX 75034	City; State; Zip Code		\$100.00	[ [
					Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	s)	Employer (See In	structions)	
Date	Full name of contributor Frazier, Mary (Ms.)	☐ out-of-state PAC (ID#	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2011	Contributor address; 5599 Foard Dr. Frisco, TX 75034	City; State; Zip Code		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
Principal occu <sub>l</sub>	pation / Job title (See Instruction	s)	Employer (See In	structions)	
Date	Full name of contributor Gillespie, Dane	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/25/2011	Contributor address; 6236 ChamberlyneDr Frisco, TX 75034	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
Principal occu	nation / Job title (See Instruction	s)	Employer (See In	structions)	

	The Instruction	อง Guide explains how to con	nplete this form.		1 PAGE# Schedule: 5/	15 Report: 7/40
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor Graff, Stanley (Mr.)	out-of-state PAC (ID#	¥)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/23/2011	6 Contributor address; 8901 Governors Row Dallas, TX 75247	City; State; Zip Code		\$3,000.00	 
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	18)	10 Employer (See In	structions)	
	Date	Full name of contributor Grimmer, Robert (Mr.)	☐ out-of-state PAC (ID#	<del>;</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/24/2011	Contributor address; 4664 Biltmoore Dr. Frisco, TX 75034	City; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	าร)	Employer (See In	structions)	
	Date	Full name of contributor Harris, Del & Ann	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/20/2011	Contributor address; 2745 Montreaux Dr Frisco, TX 75034	City; State; Zip Code		\$400.00	] ] [
					(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	ation / Job title (See Instruction	ns)	Employer (See In Dallas Maverick		
	Date	Full name of contributor	☐ out-of-state PAC (ID#	<i>‡</i> )	Amount of	In-kind contribution
		Howe, Clayton & Heather			contribution (\$)	description (if applicable)
	03/04/2011	Contributor address; 1983 Chisholm Tri Frisco, TX 75034	City; State; Zip Code		\$150.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Hunt, Phillip & Erica	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; 4 Champions Court Frisco, TX 75034	City; State; Zip Code		\$100.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	18)	Employer (See In	structions)	

	The Instruction	อง Guide explains how to comp	lete this form.		1 PAGE# Schedule: 6/1	15 Report: 8/40	
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor Hunt, Phillip & Erica	□ out-of-state PAC (ID#	<del></del>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	03/13/2011	6 Contributor address; 6 4 Champions Court Frisco, TX 75034	City; State; Zip Code		\$100.00	 	
					(if travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions	·)	10 Employer (See In	structions)		
	Date	Full name of contributor Israel, Cary & Trudy	☐ out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/29/2011	Contributor address; C 607 Eagle Nest Ln. Allen, TX 75013	City; State; Zip Code		\$100.00	[   	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occur	ation / Job title (See Instructions	3	Employer (See In	structions)		
	1 mopal occap	adolis oos ado (ooo maa asisto	,				
	Date	Full name of contributor Jenkins, Toni (Dr.)	□ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/03/2011	Contributor address; C 3321 Melainie Ln. Plano, TX 75023-1103	City; State; Zip Code		\$100.00	  - 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions	)	Employer (See In:	structions)		
	Date	Full name of contributor [ Jones, Charles III (Mr.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/23/2011	Contributor address; C 3157 Barkwood Lane Frisco, TX 75035	City; State; Zip Code		\$250.00		
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions	)	Employer (See Ins	structions)		
	Date	Full name of contributor 【 Kancharla, Vijay	out-of-state PAC (ID#	)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	02/01/2011	Contributor address; C 11395 Jasper Dr Frisco, TX 75035	City; State; Zip Code		\$100.00	[	
					(if travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions	)	Employer (See Ins	structions)		

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 7/15 Re  2 FILER NAME Maso, Maher M. (Mr.)  3 ACCOUNT # (Ethic	Report: 9/40 hics Commission filers)
2 FILER NAME Maso, Maher M. (Mr.) 3 ACCOUNT # (Ethic	hics Commission filers)
4 Date 5 Full name of contributor	In-kind contribution description (if applicable)
01/29/2011 6 Contributor address; City; State; Zip Code \$100.00   8370 Fair Oaks   Frisco, TX 75034	
(If travel outside of Texas,	ns, complete Schedule T)
9 Principal occupation / Job title (See Instructions)  10 Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID#) Amount of Contribution (\$) Amount of Contribution (\$)	In-kind contribution description (if applicable)
01/29/2011 Contributor address; City; State; Zip Code \$200.00   6669 Lincoln Hills Ct   Frisco, TX 75034	
(If travel outside of Texas,	is, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (ID# ) Amount of Contribution (\$)   december 1   december 2   december 3   december 3   december 4   december 3   december 4   december 4	In-kind contribution description (If applicable)
01/29/2011 Contributor address; City; State; Zip Code \$100.00   \$100.00   Frisco, TX 75034	
(If travel outside of Texas,	s, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#) Amount of Lusk, Fred & Barbara contribution (\$)	In-kind contribution description (if applicable)
01/29/2011 Contributor address; City; State; Zip Code \$25.00   9912 Mallory Dr. Frisco, TX 75035	
(If travel outside of Texas,	s, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Date Full name of contributor	In-kind contribution description (if applicable)
01/03/2011 Contributor address; City; State; Zip Code \$2,500.00   13431 Lyndhurst Dr. Frisco, TX 75035	
(If travel outside of Texas,	ns, complete Schedule T)
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	

The Instructi	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/	15 Report: 10/40
2 FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Full name of contributor	4)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
03/02/2011	6 Contributor address; City; State; Zip Code 5409 Lantz Cr. Plano, TX 75025		\$1,000.00	<b>!</b> [
			(If travel outside of	Texas, complete Schedule T)
g Principal occup	oation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/01/2011	Contributor address; City; State; Zip Code 3409 tentzer:   aut 2 (a. Plano, TX 75025		\$1,000.00	 
			(if travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2011	Contributor address; City; State; Zip Code 6521 Myrtle Beach Dr. Plano, TX 75093		\$1,000.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occup	Dation / Job title (See Instructions)	Employer (See In:	L .`	
Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
01/29/2011	Contributor address; City; State; Zip Code 4935 Buena Vista Dr. Frisco, TX 75034		\$250.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occur	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor	<del>)</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
03/24/2011	Contributor address; City; State; Zip Code 8881 Crestview Dr. Frisco, TX 75034		\$200.00     	
			(if travel outside of	Texas, complete Schedule T)
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	

	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 9/	15 Report: 11/40		
2	FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID medigovich, Robert & Natalie	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	01/29/2011	6 Contributor address; City; State; Zip Code 8659 Woodstream Dr. Frisco, TX 75034		\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	eation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	01/29/2011	Contributor address; City; State; Zip Code 11451 La Grange Dr Frisco, TX 75035	, , , , , , , , , , , , , , , , , , , ,	\$200.00	 		
		111360, 17/10000		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/24/2011	Contributor address; City; State; Zip Code 8514 Emerald Glen Lane Frisco, TX 75034		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	*)	Amount of contribution (\$)	In-kind contribution description (if applicable) Paid for sponsorship to		
	02/15/2011	Contributor address; City; State; Zip Code 5209 Southern Hills Dr. Frisco, TX 75034		\$650.00	Texas Legends games for table location.		
				(if travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)		
	03/20/2011	Contributor address; City; State; Zip Code 5209 Southern Hills Dr. Frisco, TX 75034	• • • • • • • • • • • • • • • • • • • •	\$10,000.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

Texas Ethics Commission

# SCHEDULE A

(512)463-5800

	OTHER THAIR LEDGEO OR EOANO						
The Instruct	TION GUIDE explains how to complete this form.		1 PAGE# Schedule: 10	/15 Report: 12/40			
2 FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)			
4 Date	5 Full name of contributor	4)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
02/07/2011	6 Contributor address; City; State; Zip Code 15 Riva Ridge Frisco, TX 75034		\$1,000.00				
			(if travel outside of	Texas, complete Schedule T)			
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)				
Date	Full name of contributor	¥)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
01/11/2011	Contributor address; City; State; Zip Code 1901 Hollow Falls Ct. Frisco, TX 75035		\$250.00				
			•	Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)				
Date	Full name of contributor	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)			
01/28/2011	Contributor address; City; State; Zip Code 1656 Dowelling ct. frisco, TX 75034		\$100.00	_			
				Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)				
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
01/28/2011	Contributor address; City; State; Zip Code 5312 promise Land Frisco, TX 75035		\$55.00     				
			(if travel outside of	Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)				
Date	Full name of contributor	()	Amount of contribution (\$)	In-kind contribution description (if applicable)			
04/01/2011	Contributor address; City; State; Zip Code 5653 Widgeon Way Frisco, TX 75034		\$100.00     				
			(if travel outside of	Texas, complete Schedule T)			
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)				

	The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 11	/15 Report: 13/40		
2	FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Rafferty, Robert & Beth	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	01/24/2011	6 Contributor address; City; State; Zip Code 8440 Stone River Dr. Frisco, TX 75035		\$100.00	1 1 1	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/25/2011	Contributor address; City; State; Zlp Code P.O. 459 Frisco, TX 75034		\$500.00	   	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:		Texas, complete content of	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/03/2011	Contributor address; City; State; Zip Code P.O. 459 Frisco, TX 75034		\$1,000.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)		
	Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/29/2011	Contributor address; City; State; Zip Code P.o. Box 333 Frisco, TX 75034		\$25.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	in-kind contribution description (if applicable)	
	02/28/2011	Contributor address; City; State; Zip Code 11706 Alexandria Dr. Frisco, TX 75035		\$200.00		
					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)		

The Marpust	on Cupy avalable hours a complete this form	1 PAGE#				
THE INSTRUCTION	on Guide explains how to complete this form.			1/15 Report: 14/40		
2 FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)		
4 Date	5 Full name of contributor	#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
03/22/2011	6 Contributor address; City; State; Zip Code 11706 Alexandria Dr. Frisco, TX 75035		\$200.00	 		
				Texas, complete Schedule T)		
<ol> <li>Principal occur</li> </ol>	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	,	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/29/2011	Contributor address; City; State; Zip Code 22 Fireberry Ct Frisco, TX 75034		\$100.00	i   <b> </b>		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	nation / Job title (See Instructions)	Employer (See In:	`	· · · · · · · · · · · · · · · · · · ·		
Date	Full name of contributor	4)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/29/2011	Contributor address; City; State; Zip Code 11112 Promse Land Dr Frisco, TX 75035		\$500.00	   		
			(if travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See In:	structions)			
Date	Full name of contributor ☐ out-of-state PAC (IDa Shipman, Keith & Tracie Shipman	<del>‡</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/29/2011	Contributor address; City; State; Zip Code 10141 Calvery Ct. Frisco, TX 75035		\$100.00			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
01/29/2011	Contributor address; City; State; Zip Code 3201 hampshire frisco, TX 75034		\$150.00 <sub> </sub>			
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins				
,		, - ,	•			

	T) - (	Cura		1 PAGE#		
	The Instruction	אס Guide explains how to complete this form.		Schedule: 13	l/15 Report: 15/40	
2	FILER NAME	Maso, Maher M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	02/05/2011	6 Contributor address; City; State; Zip Code 1095 Burnswick Isles Way Frisco, TX 75034		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	<del>)</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/26/2011	Contributor address; City; State; Zip Code 6101 Wilmington Dr. Frisco, TX 75035		\$500.00	 	
				/if travel outside of	Texas, complete Schedule T)	
┡	Principal occup	ation / Job title (See Instructions)	Employer (See In	L		
		,	. •	·		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Stevenson, Richard & Roxann	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	01/30/2011	Contributor address; City; State; Zip Code 8050 Rock Brook St Frisco, TX 75034		\$20.00		
_		1	Fundarian (Coolin	<u> </u>	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	sudduons)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	03/30/2011	Contributor address; City; State; Zip Code 5205 Promise Land Dr. Frisco, TX 75035		\$100.00	[ ] [	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupation / Job title (See Instructions) Emp			structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	04/04/2011	Contributor address; City; State; Zip Code 1700 Pacific Avenue Sulte 4700	,	\$2,500.00	 	
		Dallas, TX 75201		(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	<u> </u>		
	,,			•		

	The Instruction	N Guide explains how to comple	1 PAGE# Schedule: 14	/15 Report: 16/40		
2	FILER NAME	Maso, Maher	M. (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor Trykoski, Jeff (Mr.)	out-of-state PAC (ID#	<u>†                                    </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	03/14/2011	6 Contributor address; Cit 4015 Bryson Dr. Frisco, TX 75035	y; State; Zip Code		\$250.00	! 
					(if travel outside of	Texas, complete Schedule T)
9	9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)					
	Date	Full name of contributor Viverito, William	out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; Cit 4312 Sandalwood Ln. Frisco, TX 75035-8493	y; State; Zip Code		\$100.00	] [
	111000, 17,10000 0700				(if travel outside of	Texas, complete Schedule T)
Principal occupation / Job title (See Instructions)				Employer (See Ins	structions)	
-	Date	Full name of contributor  Waters, Lawrence & Lisa	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/09/2011	Contributor address; Cit 11012 Hermitage Lane Frisco, TX 75034	y; State; Zip Code		\$100.00	 
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor   Wechsler, Robert	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	03/16/2011	Contributor address; City 6479 Bluffview Dr. Frisco, TX 75034	y; State; Zip Code		\$5,000.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	structions)	
	Date	Full name of contributor  Whitledge, Hugh & Jane	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	01/29/2011	Contributor address; City 8573 Scott Circle Frisco, TX 75034	y; State; Zip Code		\$100.00	 
					(if travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins	•	,,
	. ,	, ,			•	1

# **POLITICAL CONTRIBUTIONS**

The Instruct	ion Guide explains how to con	1 PAGE# Schedule: 15/15 Report: 17/40		
FILER NAME	FILER NAME Maso, Maher M. (Mr.)			3 ACCOUNT # (Ethics Commission filers)
Date	5 Full name of contributor Wortham, Shana	ut-of-state PAC (ID	#)	7 Amount of   8 In-kind contribution contribution (\$) description (if applicable)
03/26/2011	6 Contributor address; 8310 Silverton Frisco, TX 75034	City; State; Zip Code		\$100.00
				(If travel outside of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instruction	าร)	10 Employer (See In	

Category (See Categories listed at the top of this schedule)

Consulting Expense

Candidate / Officeholder name

**PURPOSE** 

**EXPENDITURE** 

Complete ONLY if

direct expenditure to benefit C/OH

### **POLITICAL EXPENDITURES**

#### SCHEDULE F

**EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Gifts/Awards/Memorial Expense Transportation Equipment & Related Expense Contributions/Donations Made By Legal Services Solicitation/Fundraising Expense Food/Beverage Expense Polling Expense Consulting Expense Event Expense Travel in District Candidate/Officeholder/Political Committee Travel Out Of District OTHER (enter a category not listed above) Printing Expense Office Overhead/Rental Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# 2 FILER NAME Maso, Maher M. (Mr.) Schedule: 1/21 Report: 18/40 4 Date 5 Payee name 03/14/2011 Allyn & Company Payee address City; State; Zip Code 6 Amount (\$) 3232 McKinney Avenue #660 \$3,000,00 Dallas, TX 75204 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Campaign Consulting Fee Consulting Expense OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office held: Office sought: direct expenditure to benefit C/OH Date Payee name 03/23/2011 Allyn & Company City; State; Zip Code Amount (\$) Payee address 3232 McKinney Avenue #660 Dallas, TX 75204 \$3,079.43 Description (if travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** handouts & cards, printing and design expense Printing Expense EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 03/25/2011 Allyn & Company Payee address City; State; Zip Code Amount (\$) 3232 McKinney Avenue #660 Dallas, TX 75204 \$3.079.43 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Design and Printing of Brochures Printing Expense OF EXPENDITURE Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 03/25/2011 Allyn & Company Payee address City; State; Zip Code Amount (\$) 3232 McKinney Avenue #660 Dallas, TX 75204 \$725.00

Description

Office sought:

Database & consulting expense

(If travel outside of Texas, complete Schedule T)

Office held:

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

Inse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Pantal Expense

Fees	Printing Expense Office Overhea  The Instruction Guide explains h	ad/Rental Expense OTHER (er	ter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 2/21 F	17	M. (Mr.)	T '
4 Date	5 Payee name		
04/04/2011	Allyn & Company		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$541.25	3232 McKinney Avenue #660 Dallas, TX 75204		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outs Resident letter, printing	ide of Texas, complete Schedule T) 🔲 & mailing costs.
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/28/2011	Payee name Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$11,085.70	3232 McKinney Avenue Suite 660 Dallas, TX 75204		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (if travel outs design, printing, mailing	ide of Texes, complete Schedule T) 🔲 of mailers/brochures.
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
04/04/2011	Allyn Media		
Amount (\$)	Payee address City; State; Zip Code		
\$1,000.00	3232 McKinney Avenue Suite 660 Dallas, TX 75204		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (if travel outs Copy/Design of Mailers	ide of Texas, complete Schedule T) 🔲
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/26/2011	Bounce for Fun		
Amount (\$)	Payee address City; State; Zip Code		
\$245.98	8112 Burleigh St. Frisco, TX 75035		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description (if travel outs Bounce house for sign I	de of Texas, complete Schedule T) 🔲 naking party
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

		The Instruction Guide explains	how to complete this form.			
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)		
Schedule: 3/21 F	Report: 20/40	Maso, Maher	M. (Mr.)	•		
4 Date	5 Payee name					
03/26/2011	Cici's Pizza					
6 Amount (\$)	7 Payee addres	s City; State; Zip Code				
\$129.68	5580 Presto					
	Frisco, TX 7	5034				
8 PURPOSE		e Categories listed at the top of this schedule)		of Texas, complete Schedule T)		
OF	Food/Bevera	age Expense	Pizza for volunteers at sig	making event.		
EXPENDITURE						
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure	Calididate / O	incelloide: flame	Omos sought.	Sillos Hold.		
to benefit C/OH						
Date	Payee name					
03/29/2011	Collin County	y Republican Party				
Amount (\$)	Payee addres	s City; State; Zip Code				
\$290.00	8416 Stacy I	₹d				
		suite 100 É McKinney, TX 75070				
PURPOSE	. * * .	e Categories listed at the top of this schedule)	. ,	of Texas, complete Schedule T)		
OF	Advertising E	expense	Sponsorship & attendance	3		
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure	Cariologic 7 C	modification in the second sec	omee seagin.	20002000		
to benefit C/OH						
Date	Payee name					
01/29/2011	Dean Lewis	Entertainment				
Amount (\$)	Payee addres:	•				
\$2,000.00	8916 Aplama	ado Drive				
	McKinney, T	X 75070				
				- CT		
PURPOSE		e Categories listed at the top of this schedule)	Description (If travel outside Entertainment for campaig	of Texas, complete Schedule T)		
OF	Event Expen	se	Entertainment for campaig	gir Nick-Oil		
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure	00.10.00.0	and an include				
to benefit C/OH						
Date	Payee name					
01/29/2011	Dr Pepper A					
Amount (\$)	Payee address	• • • • • • • • • • • • • • • • • • • •				
\$4,622.19		e of the Stars				
:	frisco, TX 7	3034				
	0.1		Decadation (Italy and a state	of Tours complete Schodule T		
PURPOSE		a Categories listed at the top of this schedule)	Description (If travel outside Food, soft drinks for kick-o	of Texas, complete Schedule T)		
OF	Food/Bevera	.ge Expense	1 000' soft dilling for kick-c	OII OVOIR		
EXPENDITURE						
Complete ONLY if	Candidate / Of	fficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH	, ,		-			

P.O.Box 12070

# **POLITICAL EXPENDITURES**

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Feas Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

The Instruction Guide explains how to complete this form.						
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)		
Schedule: 4/21 F	Report: 21/40	Maso, Maher	M. (Mr.)			
4 Date	5 Payee name	-				
01/29/2011	Dr Pepper A					
6 Amount (\$)	7 Payee addres	•	ie			
\$2,500.00		e of the Stars				
	frisco, TX 7	0034				
8	(a) Catagory (So	e Categories listed at the top of this sche	dule) (b) Description (If travel outsi	de of Texas, complete Schedule T)		
PURPOSE	Event Exper		Dr Pepper Arena Renta	(		
OF EXPENDITURE			1			
LAILINDITONE						
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH						
Date	Payee name					
01/23/2011	Facebook, I	nc.				
Amount (\$)	Payee addres		le			
\$50.00	1601 S, Cali					
Ψ30.00	Palo Alto, C	A 94304-1111				
PURPOSE		e Categories listed at the top of this sche	dule) Description (If travel outsi Facebook Advertising	de of Texas, complete Schedule T)		
OF	Advertising I	expense	Facebook Advertising			
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure to benefit C/OH						
	<u> </u>					
Date 01/24/2011	Payee name Facebook, li	ne				
Amount (\$)	Payee addres		le			
\$50.00	1601 S. Cali	• • • • • • • • • • • • • • • • • • • •	-			
Ψ30.00	Palo Alto, C	A 94304-1111				
DUDDOOF		e Categories listed at the top of this sche		de of Texas, complete Schedule T)		
PURPOSE OF	Advertising I	Expense	Facebook Advertising			
EXPENDITURE						
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:		
direct expenditure	- Canada (O		<b>y</b>			
to benefit C/OH						
Date	Payee name	20				
01/25/2011	Facebook, la Payee addres		do.			
Amount (\$)	1601 S. Cali	• •				
\$50.00	Palo Alto, C	A 94304-1111				
	_					
	Category (Se	e Categories listed at the top of this sche	, , ,	de of Texas, complete Schedule T)		
PURPOSE OF	Advertising I	Expense	Facebook Advertising			
EXPENDITURE						
Committee ON V.	Candidata (C	fficeholder name	Office sought:	Office held:		
Complete ONLY if direct expenditure	Candidate / O	mcenoiuei name	Office sought.	Cillog Holes		
to benefit C/OH						

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

to benefit C/OH

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Polling Expense Travel Out Of District
Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Maso, Maher M. (Mr.) Schedule: 5/21 Report: 22/40 4 Date 5 Payee name Facebook, Inc. 01/26/2011 Amount (\$) Payee address City; State; Zip Code 1601 S. California Ave \$50,00 Palo Alto, CA 94304-1111 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Facebook Advertising OF EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Facebook, Inc. 01/27/2011 Amount (\$) Payee address City; State; Zip Code 1601 S. California Ave \$49.83 Palo Alto, CA 94304-1111 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Facebook Advertising Advertising Expense OF **EXPENDITURE** Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Facebook, Inc. 01/27/2011 Amount (\$) Pavee address City; State: Zip Code 1601 S. California Ave \$26.80 Palo Alto, CA 94304-1111 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Facebook Advertising Advertising Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Facebook, Inc. 01/28/2011 Amount (\$) Payee address City; State; Zip Code 1601 S. California Ave \$26.80 Palo Alto, CA 94304-1111 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Social Media Advertising Advertising Expense OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

EXPENDITURE CATEGORIES

sense Salaries/Wages/Contract Labor
Solicitation/Fundralsing Expense
Travel In District
Travel Out of District
Office Overhead/Pental Expense

Fees	Printing Ex	opense O The Instruction Guide	office Overhead/Rental		nter a category not listed above)
4 04054		FILER NAME	explains now to co	ompiete tina romi.	3 ACCOUNT # (TEC filers)
1 PAGE#	17	Maso, Maher	М. (М	r.)	3 ACCOUNT # (120 meta)
Schedule: 6/21 F	<del></del>	madoj manoi	,,,,		
4 Date 04/01/2011	5 Payee name Facebook, Inc				
6 Amount (\$)	7 Payee address	City; State; Zip	Code		
	l'		Code		
\$25.00	Palo Alto, CA	94304-1111			
	·				
8	(a) Category (See (	Categories listed at the top of this	schedule) (b	) Description (If travel out	side of Texas, complete Schedule T)
PURPOSE	Advertising Ex	_	,	Online social media ad	vertising
OF EXPENDITURE		•			
2,0 20021010					
9 Complete ONLY if	Candidate / Offi	ceholder name		Office sought:	Office held:
direct expenditure to benefit C/OH					
Date	Payee name				
04/02/2011	Facebook, Inc				
Amount (\$)	Payee address	City; State; Zip	Code		
_	مر مامند ا	•	- 0000		
\$25.00	Palo Alto, CA				
	Ì				
	Category (See C	Categories listed at the top of this	schedule)	Description (if travel out	side of Texas, complete Schedule T)
PURPOSE	Advertising Ex	pense		Social Media Advertisi	ng
OF EXPENDITURE					
27. 27. 27. 27. 2					
Complete ONLY if	Candidate / Offi	ceholder name		Office sought:	Office held:
direct expenditure to benefit C/OH					
Date	Payee name				
04/03/2011	Facebook, Inc				
Amount (\$)	Payee address	City; State; Zip	Code		
\$25.00	l	• • • • • • • • • • • • • • • • • • • •			
φ20.00	Palo Alto, CA				
	Category (See 0	Categories listed at the top of this	schedule)	Description (If travel out	side of Texas, complete Schedule T)
PURPOSE	Advertising Ex	pense		Social Media Advertisi	ng
OF EXPENDITURE					
Complete ONLY if direct expenditure	Candidate / Office	ceholder name		Office sought:	Office held:
to benefit C/OH					
Date	Payee name				
04/04/2011	Facebook, Inc	Ī			
Amount (\$)	Pavee address	City; State; Zip	Code		
\$25.00	l * .	*			
Ψ20.00	Palo Alto, CA	94304-1111			
	<u> </u>				
	Category (See 0	Categories listed at the top of this	schedule)	•	side of Texas, complete Schedule T)
PURPOSE OF	Advertising Ex	pense		Social Media Advertisi	ng
EXPENDITURE					
Complete ONLY if direct expenditure	Candidate / Offic	eholder name		Office sought:	Office held:
to benefit C/OH					

Complete ONLY if

direct expenditure to benefit C/OH

Candidate / Officeholder name

#### P.O.Box 12070 POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Advertising Expense Gifts/Awards/Memorial Expense Salaries/Wages/Contract Labor Accounting/Banking Consulting Expense Legal Services Food/Beverage Expense Solicitation/Fundralsing Expense Travel In District Polling Expense Printing Expense Travel Out Of District Office Overhead/Rental Expense Event Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Maso, Maher M. (Mr.) Schedule: 7/21 Report: 24/40 5 Payee name 4 Date First Graphic Services 03/21/2011 6 Amount (\$) Payee address City; State; Zip Code 229 Garvon ST. Garland, TX 75040 \$6,332.52 (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) 8 **PURPOSE** Advertising Expense large signs, car wrap, window decals and yard signs OF **EXPENDITURE** 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Frisco Dog Park 03/03/2011 Pavee address Amount (\$) City; State; Zip Code 1656 Dowelling Ct. \$500.00 Frisco, TX 75034 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Event Sponsorship for table/advertising Advertising Expense OF EXPENDITURE Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/03/2011 Heritage Association of Frisco Payee address Amount (\$) City; State; Zip Code po box 263 Frisco, TX 75034 \$100.00 Category (See Categories listed at the top of this schedule) (if travel outside of Texas, complete Schedule T) Description **PURPOSE** Sponsorship - advertising Advertising Expense OF **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/22/2011 Home Depot Amount (\$) Payee address City; State; Zip Code 1224 North Central Expressway \$53.43 Plano, TX 75074 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** hardware, zip ties and other hardware for signs. Advertising Expense OF **EXPENDITURE**

Office held:

Office sought:

SCHEDULE F

**EXPENDITURE CATEGORIES** Advertising Expense Accounting/Banking Consulting Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By

Event Expense Fees	Polling Expense Travel Ou Printing Expense Office Ove	t Of District Candid	Jate/Officeholder/Political Committee enter a category not listed above)
1 PAGE#	2 FILER NAME	<u>-</u>	3 ACCOUNT# (TEC filers)
Schedule: 8/21 F	Linea Staleau	M. (Mr.)	
4 Date 03/25/2011	5 Payee name Lighthouse Research		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$8,000.00	1		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Polling Expense	e) (b) Description (If travel ou Phone survey	tside of Texas, complete Schedule T)
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
03/19/2011	Lochrann's		
Amount (\$)	Payee address City; State; Zip Code		
\$29.30	6195 W. Main St Frisco, TX 75034		
BUBBOOK	Category (See Categories listed at the top of this schedule		tside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Volunteer event meeti	ing
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date 03/21/2011	Payee name Lochrann's		
Amount (\$)	Payee address City; State; Zip Code		
\$60.56	6195 W. Main St Frisco, TX 75034		
	Category (See Categories listed at the top of this schedule	e) Description (if travel ou	tside of Texas, complete Schedule T)
PURPOSE OF	Food/Beverage Expense	Snacks/sodas for volu	inteer team meeting.
EXPENDITURE			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		
01/21/2011	Mail Mart Inc.		
Amount (\$)	Payee address City; State; Zip Code		
\$1,252.80	p.o. box 224849 Dallas, TX 75222-4849		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Event Expense	Description (If travel ou Mailshop services and	tside of Texas, complete Schedule T)  I postage
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:

SCHEDULE F

Advertising Expense Accounting/Banking

**Texas Ethics Commission** 

Gifts/Awards/Memorial Expense Legal Services

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense

Consulting Expe Event Expense Fees	Polling Expense Travel Out Printing Expense Office Ove	t Of District Candida erhead/Rental Expense OTHER (e	ons/Donations Made By ate/Officeholder/Political Committee nter a category not listed above)
		ns how to complete this form.	
1 PAGE# Schedule: 9/21 F	Report: 26/40 Z FILER NAME Maso, Maher	M. (Mr.)	3 ACCOUNT # (TEC filers)
4 Date	5 Payee name		
02/02/2011	Maso, Maher (Mr.)		
6 Amount (\$)	7 Payee address City; State; Zip Code		
\$3,500.00	10902 Ormond Lane		
1 40,000.00	Frisco, TX 75035		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description (If travel out	side of Texas, complete Schedule T) 🔲
PURPOSE	Loan Repayment/Reimbursement	Re-imbursement of per	rsonal campaign expenses
OF EXPENDITURE			
9 Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			
Date	Payee name Mattito's Cocina		
02/28/2011			
Amount (\$)	Payee address City; State; Zip Code		
\$89.25	f 6129 Main St. Frisco, TX 75034		
	111360, 17,70004		
	Category (See Categories listed at the top of this schedule	Description (If travel out	side of Texas, complete Schedule T)
PURPOSE	Food/Beverage Expense	· · · · · · · · · · · · · · · · · · ·	teer Meeting food expense
OF	T God/Doverage Expense	Campaign Toam Voici	ttoor thousing loca expenses
EXPENDITURE			
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH			
Date	Payee name		
02/02/2011	Network Cybernetics Corp.		
Amount (\$)	Payee address City; State; Zip Code		
\$500.00	3720 Canton St, #202		
φοσοιοσ	Dallas, TX 75226		
	Category (See Categories listed at the top of this schedule	) Description (If travel outs	side of Texas, complete Schedule T) 🔲
PURPOSE OF	Advertising Expense	Web Site Development	l l
EXPENDITURE		ŀ	
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought:	Office held:
to benefit C/OH	•		
Date	Payee name		
03/21/2011	Office Depot		
Amount (\$)	Payee address City; State; Zip Code		
\$68.17	•		
φυστιγ	Suite #700		
	Frisco, TX 75034		
	Category (See Categories listed at the top of this schedule	) Description (If travel outs	side of Texas, complete Schedule T)
PURPOSE	Printing Expense	Cards, letterhead and e	envelopes.
OF EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Fees	Printing		Overnead/Rental Expense OTHER (	(enter a category not listed above)
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 10/21	Report: 27/40	Maso, Maher	M. (Mr.)	( , , , , , , , , , , , , , , , , , , ,
4 Date	5 Payee name			
01/18/2011	Overall prod	uctions		
6 Amount (\$)	7 Payee addres	s City; State; Zip Cod	le	
\$292.56	p.o. box 105 7775 Maple Frisco, TX 7	St.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Printing Exp	e Categories listed at the top of this sche ense	, , , , , , , , , , , , , , , , , , , ,	utside of Texas, complete Schedule T)  ion Cards for kick-off event
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
03/25/2011	Overall prod			
Amount (\$)	Payee addres	•	le	
\$160.92	p.o. box 105 7775 Maple Frisco, TX 7	St.		
	Category (See	Categories listed at the top of this sche		utside of Texas, complete Schedule T)
PURPOSE OF	Printing Exp	ense	Design & Printing of E	Business Cards & postcards
EXPENDITURE				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
01/08/2011	Pascarelli, F			
Amount (\$)	Payee addres	• • • • • • • • • • • • • • • • • • • •	le	
\$200.00	9920 Dixon 6 Frisco, TX 7			
BURBOSE	, , ,	Categories listed at the top of this sche		itside of Texas, complete Schedule T)
PURPOSE OF	Salaries/Wa	ges/Contract Labor	Technology/Database	administration
EXPENDITURE	•			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:
Date	Payee name			
01/03/2011	Paypal			
Amount (\$)	Payee addres	•	le	
\$72.80	P.O. Box 459 Omaha, NE			
PURPOSE		Categories listed at the top of this sched		itside of Texas, complete Schedule T)
OF EXPENDITURE	Fees		Online Payment Cred	it Gald Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Loan Repayment/Relmbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Gandidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 11/21	Report: 28/40	Maso, Maher	M. (Mr.)	
4 Date	5 Payee name			
01/11/2011	Paypal			
6 Amount (\$)	7 Payee addres	s City; State; Zip (	Code	
\$7.55	P.O. Box 45			
	Omaha, NE	68145		
			163.5	
8 PURPOSE	1	e Categories listed at the top of this s		outside of Texas, complete Schedule T)
OF	Fees		Online Payment Cred	dit Cald rees
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure			v	
to benefit C/OH				The same of the sa
Date	Payee name			
01/23/2011	Paypal			
Amount (\$)	Payee addres	**	Code	
\$7.55	P.O. Box 459 Omaha, NE			
	Omana, NE	00143		
	Catagoni (So	e Categories listed at the top of this se	chedule) Description (if travel of	outside of Texas, complete Schedule T)
PURPOSE	Fees	a Categories listed at the top of this si	Online Payment Cred	
OF	1 663		Offiling Laymont Stor	an oara r ooo
EXPENDITURE				
Complete ONLY If	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
01/23/2011	Paypal	- Olava Olata 71-7	2-1-	1
Amount (\$)	Payee address	· ·	Dode	
\$7.55	P.O. Box 459 Omaha, NE			
	Category (See	e Categories listed at the top of this so	chedule) Description (If travel o	outside of Texas, complete Schedule T)
PURPOSE	Fees	<b>5</b>	Online Payment Cred	
OF EXPENDITURE			ľ	
EXI ENDITORE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
01/28/2011	Paypal			
Amount (\$)	Payee address	s City; State; Zip C	Code	
\$1.90	l -	• • • • • • • • • • • • • • • • • • • •		
φ1.90	Omaha, NE			
	Category (See	Categories listed at the top of this so		outside of Texas, complete Schedule T)
PURPOSE OF	Fees		Online Payment Cred	dit Card Fees
EXPENDITURE				
				000 ) 11
Complete ONLY if direct expenditure	Candidate / Of	fficeholder name	Office sought:	Office held:
direct expenditure				

P.O.Box 12070

# **POLITICAL EXPENDITURES**

### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

		The Instruction Guide explains I	how to complete this form.	
1 PAGE#		2 FILER NAME		3 ACCOUNT# (TEC filers)
Schedule: 12/21	Report: 29/40	Maso, Maher	M. (Mr.)	
4 Date	5 Payee name			
01/28/2011	Paypal			
6 Amount (\$)	7 Payee addres	• • • • •		
\$3.20	P.O. Box 459			
	Omaha, NE	06145		
	(-) O-t (O-	Out to the National Advantage of the colored do	(b) Description (If travel outside	of Texas, complete Schedule T)
8 PURPOSE	Fees	e Categories listed at the top of this schedule)	Online Payment Credit Ca	,
OF EXPENDITURE	1003		Similar aymon croan of	
EXPENDITURE				
9 Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
01/28/2011 Amount (\$)	Paypal Payee addres	s City; State; Zip Code		
, ,	P.O. Box 45	* .		
\$3.20	Omaha, NE			
:	,			
	Category (See	Categories listed at the top of this schedule)	Description (If travel outside	of Texas, complete Schedule T)
PURPOSE OF	Fees		Online Payment Credit Ca	ard Fees
EXPENDITURE				
Complete ONLY if direct expenditure	Candidate / O	ficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
01/28/2011	Paypal			
Amount (\$)	Payee address	city; State; Zip Code		
\$1.61	P.O. Box 459			
	Omaha, NE	68145		
PURPOSE		Categories listed at the top of this schedule)	Description (If travel outside Online Payment Credit Ca	of Texas, complete Schedule T)
OF	Fees		Offille Payment Gredit Ca	ilu rees
EXPENDITURE				
Complete ONLY if	Candidate / Of	ficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			-	
	Davis			
Date 01/29/2011	Payee name Paypal			
Amount (\$)	Payee address	s City; State; Zip Code		
, ,	P.O. Box 459	• • • • • • • • • • • • • • • • • • • •		
\$4.65	Omaha, NE			
	·			
	Category (See	Categories listed at the top of this schedule)	Description (if travel outside	of Texas, complete Schedule T)
PURPOSE OF	Fees		Online Payment Credit Ca	ard Fees
EXPENDITURE				
			00	0# (  1-
Complete ONLY if direct expenditure	Candidate / Of	ficeholder name	Office sought:	Office held:
to benefit C/OH				

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

PAGE #   Zeropet: 30/40   Maso, Mahor   M. (Mr.)   3 ACCOUNT # (TEC flere) Schodule: 13/21 Report: 30/40   Fees name 01/29/2011   Paypal	Schedule: 13/21 Report: 30/40 Maso, Maher M. (N. 4)  4 Date	r.)  Description (If travel outside of Texas, co Online Payment Credit Card Fees  Office sought: Offi	omplete Schedule T)
Schedule: 13/21   Report: 30/40   Maso, Mahor M. (Mr.)	Schedule: 13/21 Report: 30/40 Maso, Maher M. (N. 4)  4 Date	) Description (if travel outside of Texas, co Online Payment Credit Card Fees Office sought: Offi Description (If travel outside of Texas, co	ce held:
A Date   19   Payee name   Paypal	4 Date 01/29/2011 6 Amount (\$) \$14.80 7 Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145  8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Date 02/01/2011 Amount (\$) Payee address City; State; Zip Code Payee name Paypal Amount (\$) Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Purpose OF P.O. Box 45950 Omaha, NE 68145	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
Amount (\$)   \$14.80   P.O. Box 45950   Complete ONLY If circle septembring	6 Amount (\$)	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
S14.80 P.O. Box 45950 Omaha, NE 68145  8 PURPOSE EXPENDITURE  9 Complete ONLY II direct operafiliation  Payce address EXPENDITURE  Candidate / Officeholder name  Office sought:  Office sought:  Office hold:  Payce name O2/01/2011  Amount (\$) S3.20  P.O. Box 45950 Omaha, NE 68145  Candidate / Officeholder name  Office sought:  Office sought:  Office hold:  Office sought:  Office hold:  Office hold:  Office hold:  Office hold:  Office hold:  Office sought:  Office hold:  Offi	\$14.80 P.O. Box 45950 Omaha, NE 68145  8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date OF EXPENDITURE  Payee name Paypal  Amount (\$) P.O. Box 45950 Omaha, NE 68145  Category (See Categories listed at the top of this schedule) Payee address OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule) Paypal  Amount (\$) Payee address City; State; Zip Code Paypal  Amount (\$) Payee address City; State; Zip Code Paypal  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
Purpose   Camplete Only if   Candidate / Officeholder name   Category (See Categories listed at the top of this schedule)   Category (See Categories liste	Omaha, NE 68145    Category (See Categories listed at the top of this schedule)   Candidate   Officeholder name	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
8 PURPOSE OF EXPENDITURE 9 Complete ONLY if direct expenditure to be and it is a checked by the second of the seco	8 PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Amount (\$) PURPOSE OF EXPENDITURE  Payee name Paypal  Category (See Categories listed at the top of this schedule) Payee address Pick Categories City; State; Zip Code Pick Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
PURPOSE OF EXPENDITURE  9 Complete ONLY If direct expenditure to benefit Cort 10 Date 02/01/2011  Amount (\$) \$3.20  Category (See Categories listed at the top of this schedule) Teles Payee name 02/05/2011  Amount (\$) Payee name Payee address Fees Category (See Categories listed at the top of this schedule) Fees Office sought:  Online Payment Credit Card Fees Online Payment Credit Card Fees Office held:  Description (If travel outside of Texas, complete Schedule T) Online Payment Credit Card Fees Office held:  Office sought: Office held:  Offi	PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date OSE OF EXPENDITURE  Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date O2/05/2011  Amount (\$) Payee address iisted at the top of this schedule)  Fees Category (See Categories listed at the top of this schedule)  Payee name Paypal  Amount (\$) Payee name O2/05/2011  Payee address City; State; Zip Code \$3.20  P.O. Box 45950 Omaha, NE 68145  Payee address City; State; Zip Code \$3.20  POR Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule)	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
PURPOSE OF EXPENDITURE  9 Complete ONLY If direct expenditure to benefit Cort 10 Date 02/01/2011  Amount (\$) \$3.20  Category (See Categories listed at the top of this schedule) Teles Payee name 02/05/2011  Amount (\$) Payee name Payee address Fees Category (See Categories listed at the top of this schedule) Fees Office sought:  Online Payment Credit Card Fees Online Payment Credit Card Fees Office held:  Description (If travel outside of Texas, complete Schedule T) Online Payment Credit Card Fees Office held:  Office sought: Office held:  Offi	PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date OSE OF EXPENDITURE  Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date O2/05/2011  Amount (\$) Payee address iisted at the top of this schedule)  Fees Category (See Categories listed at the top of this schedule)  Payee name Paypal  Amount (\$) Payee name O2/05/2011  Payee address City; State; Zip Code \$3.20  P.O. Box 45950 Omaha, NE 68145  Payee address City; State; Zip Code \$3.20  POR Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule) Fees Category (See Categories listed at the top of this schedule)	Online Payment Credit Card Fees Office sought: Offi  Description (If travel outside of Texas, co	ce held:
Complete ONLY   Candidate / Officeholder name	OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/OH  Date 02/01/2011 Paypal  Amount (\$) Payee address City; State; Zip Code  P.O. Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 02/05/2011 Payee name Paypal  Amount (\$) Payee address City; State; Zip Code Fess  Category (See Categories listed at the top of this schedule) Fees  Candidate / Officeholder name  Candidate / Officeholder name  City; State; Zip Code Paypal  Amount (\$) Payee name Paypal  Amount (\$) Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees	Office sought: Offi  Description (If travel outside of Texas, co	
Gemplete ONLY If direct expenditure to benefit C/OH  Date O2/01/2011  Amount (\$) Payee address City; State; Zip Code PayBoll Candidate / Officeholder name  O2/05/2011  Candidate / Officeholder name  Category (See Categories listed at the top of this schedule) PayBoll Candidate / Officeholder name  O2/05/2011  Amount (\$) Payee address City; State; Zip Code PayBoll Candidate / Officeholder name  O2/05/2011  Amount (\$) Payee address City; State; Zip Code  PayBoll Candidate / Officeholder name  O2/05/2011  Amount (\$) Payee address City; State; Zip Code  PayBoll PayBoll PayBoll  Amount (\$) Payee address City; State; Zip Code  Po. Box 45950 Omaha, NE 68145  Date O2/18/2011  Candidate / Officeholder name  Office sought: Office held:  Online Payment Credit Card Fees	9 Complete ONLY if direct expenditure to benefit C/OH  Date 02/01/2011 Paypal  Amount (\$) Payee address City; State; Zip Code \$3.20 P.O. Box 45950 Omaha, NE 68145  PURPOSE OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date 02/05/2011 Payee name Paypal  Amount (\$) Payee name Paypal  Payee name Paypal  Payee name Paypal  Payee address City; State; Zip Code  Payee name Paypal  Payee name Paypal  Amount (\$) Payee address City; State; Zip Code  \$3.20 P.O. Box 45950 Omaha, NE 68145  PURPOSE OF P.O. Box 45950 Omaha, NE 68145  Category (See Categories listed at the top of this schedule) Fees  Category (See Categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, co	
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#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor
Solicitation/Fundralsing Expense
Travel In District
Travel Out Of District
Office Ownhead Parted Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Maso, Maher M. (Mr.) Schedule: 14/21 Report: 31/40 4 Date 5 Payee name 02/28/2011 Paypal State; Payee address City; Zip Code 6 Amount (\$) P.O. Box 45950 \$6.10 Omaha, NE 68145 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Online Payments Credit Card Fees Fees OF EXPENDITURE 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/04/2011 Paypal City; State; Zip Code Amount (\$) Payee address P.O. Box 45950 \$4.65 Omaha, NE 68145 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Online Payment Credit Card Fees Fees EXPENDITURE Complete ONLY if Office sought: Office held: Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 03/13/2011 Paypal Payee address City; State; Zip Code Amount (\$) P.O. Box 45950 \$3.20 Omaha, NE 68145 (if travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Online Payment Credit Card Fees Fees **EXPENDITURE** Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name 03/14/2011 Paypal City; State; Zip Code Amount (\$) Payee address P.O. Box 45950 \$7.55 Omaha, NE 68145 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Online Payment Credit Card Fees Fees EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

EXPENDITURE CATEGORIES

salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

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\$145.30	l * *			
ψ140.00	Omaha, NE			
8	(a) Category (See	Categories listed at the top of this so		utside of Texas, complete Schedule T)
PURPOSE OF	Fees		Online Payment Cred	it Card Fees
EXPENDITURE				
		20 ) (1)	Office cought:	Office held:
9 Complete ONLY if direct expenditure	Candidate / O	fficeholder name	Office sought:	Office rield.
to benefit C/OH				
Date	Payee name			
03/19/2011	Paypal			
Amount (\$)	Payee addres	s City; State; Zip C	ode	
\$29.30	P.O. Box 45			
,	Omaha, NE	68145		
PURPOSE	1 • • •	Categories listed at the top of this scl		utside of Texas, complete Schedule T)
OF	Fees		On-line payment cred	it card lees
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure	Cartaldate / C	meenolael Hame	omes sought.	
to benefit C/OH				
Date	Payee name			
03/20/2011	Paypal			
Amount (\$)	Payee addres	- · · · · · · · · · · · · · · · · · · ·	ode	
\$11.90	P.O. Box 45			
	Omaha, NE	00 140		
	Catagon; (Ca	Onto and an listed at the ten of this col	hedule) Description (If travel or	utside of Texas, complete Schedule T)
PURPOSE	Fees	e Categories listed at the top of this so	Online Payment Cred	
OF	1,669		Offinio Faymon Grea	in outur ood
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				
Date	Payee name			
03/21/2011	Paypal Paypa	s City; State; Zip C	odo	
Amount (\$)	Payee addres		oue	
\$14.80	P.O. Box 459 Omaha, NE	900 68145		
		· · -		
	Category (See	Categories listed at the top of this sci	hedule) Description (If travel of	utside of Texas, complete Schedule T)
PURPOSE	Fees	Garran wasan wasan sala an arra an	Online Payment Cred	
OF EXPENDITURE				
-ALLINDITORL				
Complete ONLY if	Candidate / O	fliceholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

# SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES
ense Salaries/Wages/Contract Labor
Solicitation/Fundralsing Expense
Travel In District
Travel Out Of District
Office Overhead/Pantal Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Fees	Printing Expense  The Instruction G	Office Overhead/Rental Expense OTH BUIDE explains how to complete this form.	IER (enter a category not listed above)
1 PAGE#	2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 16/21	l' blaca blobou	M. (Mr.)	<b>3</b> , (v=1,
4 Date	5 Payee name		
03/22/2011	Paypal		
6 Amount (\$)	7 Payee address City; State;	Zip Code	
	P.O. Box 45950	21p 0000	
\$6.10	Omaha, NE 68145		
8 PURPOSE	(a) Category (See Categories listed at the top o		vel outside of Texas, complete Schedule T)
OF	Fees	Online Payment C	Dredit Card Fees
EXPENDITURE			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
Date	Payee name		:
03/24/2011	Paypal		į
Amount (\$)	Payee address City; State;	Zip Code	
\$3.20	P.O. Box 45950		
φοι20	Omaha, NE 68145		
BUBBASE	Category (See Categories listed at the top or		vel outside of Texas, complete Schedule T)
PURPOSE OF	Fees	On-line payment of	credit card fees
EXPENDITURE			
Olata OW Wife	Candidate / Officeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / Officendide harne	Office adultit.	Office field:
to benefit C/OH			
Date	Payee name		
03/24/2011	Paypal		
Amount (\$)	Payee address City; State;	Zip Code	
\$1.03	P.O. Box 45950		
	Omaha, NE 68145		
			1
PURPOSE	Category (See Categories listed at the top of	f this schedule) Description (If trav Online Payment C	vel outside of Texas, complete Schedule T)
OF	Fees	Offiline is ayment of	redit Oard 1 cos
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure			
to benefit C/OH			
Date	Payee name		
03/24/2011	Paypal		
Amount (\$)	Payee address City; State;	Zip Code	
\$6.10	P.O. Box 45950 .		
i	Omaha, NE 68145		
	Category (See Categories listed at the top of	f this schedule) Description (If trav	rel outside of Texas, complete Schedule T)
PURPOSE	Fees	Online Payment C	· • • • • • • • • • • • • • • • • • • •
OF	1 000	Olimio i dymone c	
EXPENDITURE			
Complete ONLY if	Candidate / Officeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			

SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Pantal Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Gandidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

Office Overhead/Rental Expense OTHER (enter a category not listed above) Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) 1 PAGE# FILER NAME Maso, Maher M. (Mr.) Schedule: 17/21 Report: 34/40 4 Date 5 Payee name Paypal 03/25/2011 Amount (\$) 7 Payee address City; State; Zip Code P.O. Box 45950 \$3.20 Omaha, NE 68145 (a) Category (See Categories listed at the top of this schedule) (If travel outside of Texas, complete Schedule T) (b) Description **PURPOSE** On-line Bank Fees Fees OF EXPENDITURE Office held: 9 Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Paypal 03/26/2011 Amount (\$) Payee address City; State; Zip Code P.O. Box 45950 \$3.20 Omaha, NE 68145 (if travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** On-line Bank Fees Fees OF **EXPENDITURE** Office held: Candidate / Officeholder name Office sought: Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/28/2011 Paypal Payee address Amount (\$) City; State; Zip Code P.O. Box 45950 \$3.20 Omaha, NE 68145 Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** On-line Bank Fees Fees OF EXPENDITURE Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 03/30/2011 Paypal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950 \$3.20 Omaha, NE 68145 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Credit Card On-line processing fee Fees OF **EXPENDITURE** Candidate / Officeholder name Office sought: Office held: Complete ONLY If direct expenditure to benefit C/OH

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

direct expenditure to benefit C/OH Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above) Office Overhead/Rental Expense Printing Expense The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (TEC filers) 2 FILER NAME 1 PAGE# Maso, Maher M. (Mr.) Schedule: 18/21 Report: 35/40 4 Date 5 Payee name Paypal 03/30/2011 Payee address Amount (\$) City; State; Zip Code P.O. Box 45950 \$29.30 Omaha, NE 68145 (b) Description (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Credit Card On-line processing fee Fees OF EXPENDITURE 9 Complete ONLY if Office held: Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name Paypal 03/31/2011 Payee address City; State; Zip Code Amount (\$) P.O. Box 45950 \$4.65 Omaha, NE 68145 (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Credit Card On-line processing fee Fees EXPENDITURE Office held: Complete ONLY if Candidate / Officeholder name Office sought: direct expenditure to benefit C/OH Date Payee name 04/01/2011 Paypal Amount (\$) Payee address City; State; Zip Code P.O. Box 45950 \$1.75 Omaha, NE 68145 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Credit Card on-line processing fee Gifts/Awards/Memorials Expense OF **EXPENDITURE** Office held: Office sought: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Date Payee name 03/28/2011 Postmaster Payee address City; State; Zip Code Amount (\$) 8700 Stonebrook Pkwy \$132.00 Frisco, TX 75034 Description (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) **PURPOSE** Stamps for thank you cards and letters. Advertising Expense EXPENDITURE Office sought: Office held: Complete ONLY if Candidate / Officeholder name

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense

Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense

**EXPENDITURE CATEGORIES** Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

Fees	Printing Expense Office Overne The Instruction Guide explains I	now to complete this form.
1 PAGE#	2 FILER NAME	3 ACCOUNT# (TEC filers)
Schedule: 19/21	T Mana Mahay	M. (Mr.)
4 Date	5 Payee name	
03/09/2011	RMG Apparel	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$1,331.48		
φ1,551.40	Suite 210	
	Frísco, TX 75034	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Campaign T-Shirts
EXPENDITURE		
		0.00
9 Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/31/2011	Rmg Apparel	
Amount (\$)	Payee address City; State; Zip Code	
\$893.06	110 Rose Lane	
Ψ000.00	Suite 210	
	Frisco, TX 75034	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Campaign T-Shirts
EXPENDITURE		
		Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought: Office held:
to benefit C/OH		
Date	Payee name	
03/30/2011	Star Community Newspapers	
Amount (\$)	Payee address City; State; Zip Code	
\$750.00	624 Krona Dr.	
Ψ, σσ,σσ	Plano, TX 75074	
	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Newspaper Campaign Advertisement
EXPENDITURE		
		Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Officeholder name	Office sought.
to benefit C/OH		
Date	Payee name	
03/01/2011	Style Publishig Group LLC	
Amount (\$)	Payee address City; State; Zip Code	
\$1,000.00	P.O. Box 1676	
ţ.,,	Frisco, TX 75034	
BUDDOOF	Category (See Categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
PURPOSE OF	Advertising Expense	Frisco Style Magazine Advertisement
EXPENDITURE		
Complete ONLY	Candidate / Officeholder name	Office sought: Office held:
Complete ONLY if direct expenditure	Candidate / Ontcendide: Harrie	Office Sought. Office Hold.
to benefit C/OH		

#### SCHEDULE F

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Politing Expense

EXPENDITURE CATEGORIES

anse Salaries/Wages/Contract Labor
Solicitation/Fundralsing Expense
Travel in District
Travel Out Of District
Office Overhead/Rental Expense

rees	Panung	The Instruction Guide explains		iter a category flot listed above)
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
•	Report: 37/40	Maso, Maher	M. (Mr.)	
4 Date	5 Payee name			
03/03/2011		nig Group LLC		
6 Amount (\$)	7 Payee addres			
\$1,000.00	l' _ i	•		
Ψ1,000.00	Frisco, TX 7			
8	(a) Category (See	Gategories listed at the top of this schedule)	1, ,	ide of Texas, complete Schedule T)
PURPOSE OF	Advertising E	Expense	Frisco Style Advertisen	nent
EXPENDITURE			]	
				Office to the
<ol> <li>Complete ONLY if direct expenditure</li> </ol>	Candidate / O	fficeholder name	Office sought:	Office held:
to benefit C/OH				
Date	Payee name			
03/25/2011	1 .	nig Group LLC		
Amount (\$)	Payee addres	s City; State; Zip Code		
\$1,000.00	P.O. Box 16	76		
<b>\$1,000,00</b>	Frisco, TX 7	5034		
BUBBOOL		e Categories listed at the top of this schedule)		ide of Texas, complete Schedule T)
PURPOSE OF	Advertising E	Expense	Frisco Style Magazine	Advertisment
EXPENDITURE				
Complete ONLY#	Candidate / O	fficeholder name	Office sought:	Office held:
Complete ONLY if direct expenditure	Candidate / O	iliceriolder Hattie	Office adagni.	Ottioe field.
to benefit C/OH				
Date	Payee name			
03/30/2011	TxTough			
Amount (\$)	Payee addres	s City; State; Zip Code		
\$100.00	4809 Cole A	ve, Suite 345		
	LB-127 Dallas, TX 7	5205		
			December (fitternal auto	ide ef Tayan complete Cabadyla T\
PURPOSE	Advertising E	e Categories listed at the top of this schedule)	Description (If travel outs Sponsorship/Advertisin	ide of Texas, complete Schedule T)
OF	Advertising t	zybetise	Oponsoranip/Advertising	g charty bike hac.
EXPENDITURE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH			-	
Date	Payee name			
03/26/2011	Walmart	Other Children The Co.		
Amount (\$)	Payee addres	• • • •		
\$54.08	8801 ohio dr plano, TX 7			
	pidiio, 1707			
	Category (See	e Categories listed at the top of this schedule)	Description (If travel outs	ide of Texas, complete Schedule T)
PURPOSE	Event Expen	-		eshements/sodas/water
OF EXPENDITURE				
LAFERDITORE				
Complete ONLY if	Candidate / O	fficeholder name	Office sought:	Office held:
direct expenditure to benefit C/OH				

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense

The Instruction Guide explains how to complete this form.				
1 PAGE#		2 FILER NAME		3 ACCOUNT # (TEC filers)
Schedule: 21/21		Maso, Maher	M. (Mr.)	
4 Date	5 Payee name			
03/26/2011 6 Amount (\$)	Walmart 7 Payee addres	ss City; State; Zip Co	odo	
	1		ode	
\$84.48	plano, TX 7	5093		
8 PURPOSE		e Categories listed at the top of this sch		l outside of Texas, complete Schedule T)
l OF	Event Exper	ise	Sign Making event decorations.	supplies, staples and
EXPENDITURE			2555,24,57,2	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / O	fficeholder name	Office sought:	Office held:

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

P.O.Box 12070

SCHEDULE G

Advertising Expe Accounting/Bank Consulting Expe Event Expense Fees	ing Legal Services Solicitation/Fun ise Food/Beverage Expense Travel In Distric Polling Expense Travel Out Of D	/Contract Labor dralsing Expense t Transportation Equipment & Related Expense t Contributions/Donations Made By Istrict Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)
1 PAGE# Schedule: 1/2 Re	port: 39/40 2 FILER NAME Maso, Maher	M. (Mr.) 3 ACCOUNT # (TEC filers) 00000001
4 Date 03/06/2011	5 Payee name Cantina Laredo	
6 Amount (\$)	7 Payee address City; State; Zip Code	
\$370.20  Reimbursement from political contributions intended	1125 Legacy Dr. Frisco, TX 75034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description (If travel outside of Texas, complete Schedule T) Volunteer meeting, food and refreshments.
Date	Payee name	
01/11/2011 Amount (\$)	Constant Contact  Payee address City; State; Zip Code	
\$81.19    Reimbursement from political contributions intended	1601 Trapelo Road Suite #329 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-mail Marketing Service
Date 02/11/2011	Payee name Constant Contact	
Amount (\$)	Payee address City; State; Zip Code	
\$81.19  Reimbursement from political contributions intended	1601 Trapelo Road Suite #329 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-mail marketing monthly fee
Date	Payee name Constant Contact	
03/11/2011 Amount (\$)	Payee address City; State; Zip Code	
\$81.19  Reimbursement from political contributions intended	1601 Trapelo Road Suite #329 Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) E-mail Marketing Montly Fee

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Gifts/Awards/Memorial Expense Legal Services Food/Beverage Expense Polling Expense

EXPENDITURE CATEGORIES

nse Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Travel In District

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)

Travel Out Of District
Office Overhead/Rental Expense olling Expense Printing Expense The Instruction Guide explains how to complete this form. 3 ACCOUNT # (TEC filers) PAGE# FILER NAME Maso, Maher M. (Mr.) Schedule: 2/2 Report: 40/40 5 Payee name 4 Date Frisco Cares Clinic 03/03/2011 Payee address City; State; Zip Code 6 Amount (\$) 7548 Preston Road \$300.00 #141-103 Reimbursement from political contributions Intended frisco, TX 75035 (If travel outside of Texas, complete Schedule T) (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE golf tournament sponsorship/advertising Advertising Expense **EXPENDITURE** Date Payee name Le Peep 02/19/2011 Amount (\$) Payee address City; State; Zip Code 7151 Preston Road \$43,49 Frisco, TX 75034 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Food/Beverage Expense Food/Beverage for campaign team meeting **EXPENDITURE** Date Payee name 01/31/2011 Mattito's Cocina Payee address Amount (\$) City; State; Zip Code 6129 Main St. Frisco, TX 75034 \$100.61 Reimbursement from political contributions intended (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** campaign Team Meeting food/beverages Food/Beverage Expense EXPENDITURE Date Payee name 02/21/2011 Party America City; State; Zip Code Amount (\$) Payee address 3333 Preston Rd. \$123.03 Suite 1200 Reimbursement from political contributions intended Frisco, TX 75034 (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Decorations for campaign events & volunteer **Event Expense** meetings **EXPENDITURE**